Name in Full: Unnamed infant of Geo. Ballard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockawalking; County: Wicomico

Date of death: 1904; Month: July; Day: 24; Age: Years —; Months: 2; Days: 24

Sex: Male; Color or Race: Negro; Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Ballard; Father's Birthplace: U

Mother's Maiden Name: Georgeanna Birckhead; Mother's Birthplace: U

Name of person giving information: Sidney Morris; How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

~~Primary~~ ~~Immediate~~: They had no Doctor to see the child; How long: 2 weeks

How long:

Are the name, age, sex, color, date and place correctly given above?

Geo. C. Hill

~~Accident or Suicide~~?

Signature of ~~Physician~~: Undertaker

Address: Salisbury Md.

LIBRARY BUREAU A63316

Name in Full: Samuel E Britingham

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904 July 31 Day

Age: Years 1 Months 2 Days 12

Sex: Male

Color or Race: White

Birthplace: Salisbury Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel E Britingham — Father's Birthplace: Md

Mother's Maiden Name: Margaret A Shockley — Mother's Birthplace: Md

Name of person giving Information: Samuel E Britingham — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: all life

Immediate: Entero Colitis — How long: 2 or 3 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full George W. Catlin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Salisbury (County) Wicomico

Date of death 1904 (Month) July (Day) 10

Age (Years) 69 (Months) 3 (Days) 15

Sex Male

Color or Race White

Birthplace Maryland

Occupation Farmer

Where Residing if not at place of death Salisbury

Married, Single or Widowed Married

Name of Wife or Husband Mary E Phillips

Father's Name George W Catlin

Father's Birthplace Md

Mother's Maiden Name Mitchell

Mother's Birthplace Md

Name of person giving Information Worthen V. Catlin

How related to deceased Son

CAUSES OF DEATH

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PHYSICIAN OR CORONER

Primary was Paid when Dead saw him

How long

Immediate Died Suddenly

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Louis W. Morris M.D.

Address Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name In Full

Certificate of Death

Clarance Woodland Chatham

Town

Died at Whayland

County

Wicomico

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
7	7	1	10		—	

Date 1904

Age

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced

Number of children living

Husband of

Wife

Father's Name W. W. Chatham

Mother's Maiden Name Emma Harris

Cause of Death: Primary 14. Dysentery

Immediate Brain Complia

How long sick 10 days

Accident, Suicide, Homicide

Reported by Louis A. Ellegood M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Virginia Collier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury — County: Wicomico

Date of death: 1904 — Month: July — Day: 21 — Age: Years — Months — Days: 7

Sex: Female — Color or Race: Black — Birthplace: Salisbury Md

Occupation — Where Residing If not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John R Collier — Father's Birthplace: Md

Mother's Maiden Name: Annie Morris — Mother's Birthplace: Md

Name of person giving Information: John R Collier — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Spasms — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Had one Doctor

Accident or Suicide? no

Signature of Physician: D C Holloway & Co

Address: Salisbury Md. Undertakers

LIBRARY BUREAU A88518

Name in Full: Beatrice E. Cooper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Willards; County: Wicomico

Date of death 1904: Month: July; Day: 21

Age: Years: 2; Months: 4; Days:

Sex:

Color or Race: white

Birthplace:

~~Married~~, Single or ~~Widowed~~

Occupation:

Name of Wife or Husband:

Father's Name: William G. Cooper

Father's Birthplace:

Mother's Maiden Name: Annie L. Cooper

Mother's Birthplace:

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholra and Phantom

How long: 2 weeks

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Ratliff Farlow undertaker

Address: New Hope Md R. F. D. #1

Accident or Suicide?

LIBRARY BUREAU A69316

Name in Full: Unnamed Infant of Geo. W. Dashiell

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Salisbury (County) Wicomico

Date of death 1904 (Month) July (Day) 29 (Age) Years: Months: 5 Days:

Sex: Female | Color or Race: Colrd. | Birthplace: Maryland

Occupation | Where Residing if not at place of death

~~Married~~, Single or ~~Widowed~~ | Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo. W. Dashiell | Father's Birthplace: Somerset Co. Md.

Mother's Maiden Name: Mary Elzey | Mother's Birthplace: "

Name of person giving information: Geo. W. Dashiell | How related to deceased: Father

CAUSES OF DEATH

Primary: No Doctor attended the child | How long

Immediate | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Geo. E. Hill

Signature of Physician

Address: Undertaker Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full: Laura E Davis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury; County: Wicomico

Date of death 1904: Month: July; Day: 12

Age: Years: 1; Months: 6; Days: 16

Sex: Female

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name or Wife or Husband:

Father's Name: Joseph J Davis

Father's Birthplace: Md

Mother's Maiden Name: Clara Webster

Mother's Birthplace: Md

Name of person giving Information: Joseph J Davis

How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis

How long: 1 or 2 weeks

Immediate: Marasmus

How long: Several days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. M. Clemens M.D.

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Maggie Deashield

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mardela; County: Wicomico

Date of death 1904: Month: July; Day: 24; Age: Years: 24; Months: 4; Days: 13

Sex: Male; Color or Race: Black; Birthplace: Wicomico

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Louis Deashield; Father's Birthplace: Md

Mother's Maiden Name: Anne Hall; Mother's Birthplace: Md

Name of person giving Information: Anne Deashield; How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gall Stones in Bladder; How long: 9 months

Immediate: Mortification on Brain; How long: 6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J E Seabrook

Address: Mardela Springs Md

Accident or Suicide?

LIBRARY BUREAU AN5016

Name in Full: Bessie Dennis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ewellville — County: Wicomico

Date of death	Month	Day	Age: Years	Months	Days
1904	July	24		10	

Sex: girl — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name or Wife or Husband

Father's Name: John Dennis — Father's Birthplace: maryland

Mother's Maiden Name: Ellie Truitt — Mother's Birthplace: Wicomico

Name of person giving In formation: John Dennis — How related to deceased: father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colerayfand fan Turn one week — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Lon C Swindle

Address: wallyville

Accident or Suicide?

Paul C Powell MD

LIBRARY BUREAU A88616

Name in Full: Infant of Woodland Disharoon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico Co

Date of death 1904: Month: July; Day: 29; Age: Years: 2; Months: 2; Days: 17

Sex: Boy; Color or Race: White; Birthplace: Salisbury

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

~~Name of Wife or~~ Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Woodland Disharoon; Father's Birthplace: Salisbury

Mother's Maiden Name: Emma Tunny; Mother's Birthplace: Salisbury

Name of person giving information: Woodland Disharoon; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 179 ✓; How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: Geo. L. Hill (Undertaker)

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A3515

No Doctor attended the child
I believe it died of Stomach and
bowell trouble Geo. E. Hill

Name in Full: Franklin Graham

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mardela Springs — County: Wicomico

Date of death: Month 7 — Day 7 — Age: Years 7 — Months 2 — Days

Sex: Male — Color or Race: White — Birthplace: Philadelphia

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Frank Graham — Father's Birthplace: Md

Mother's Maiden Name: Freda Ash — Mother's Birthplace: Phila

Name of person giving information: Freda Ash Graham — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal Meningitis — How long: one week

Immediate — How long

61

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E L Sutton

Address: Mardela Springs Md

Accident or Suicide?

LIBRARY BUREAU A6U616

Name in Full: William Handy

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Salisbury — County: Wicomico

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 — Month: July — Day: 11 — Years: Age 60 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Kitty Handy

Father's Name: John Handy — Father's Birthplace:

Mother's Maiden Name: Rhoda Handy — Mother's Birthplace:

Name of person giving Information: Wm. J. Handy — How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma & Dropsy — How long: Several Years

Immediate: Inanition & Exhaustion — How long: 2 or 3 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. M. Clemons M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A6516

Name in Full: Daniel A. Hastings

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: Month: July — Day: 25 — 1904

Age: Years — Months — Days: 20

Sex: Male

Color or Race: White

Birthplace: Salisbury Md.

Occupation:

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dean M. Hastings

Father's Birthplace: Maryland

Mother's Maiden Name: Melissa E. Oliphant

Mother's Birthplace: Maryland

Name of person giving information: Dean M. Hastings

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: There was no Doctor to see the

How long:

Immediate: Child

How long:

179

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. E. Hill

Address: Salisbury Md.

Accident or Suicide? Undertaker

LIBRARY BUREAU A6881G

Name in Full: Malissa C. ~~Clopstant~~ Hasting

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: July — Day: 16 — Age: Years 32 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House W. — Where Residing if not at place of death: X

Married, Single or Widowed: Married — Name of Wife or Husband: Virgie M. Hasting

Father's Name: W. Asbury Clopstant — Father's Birthplace: Md

Mother's Maiden Name: Irvinia C. Gordy — Mother's Birthplace: Md

Name of person giving Information: W. Asbury Clopstant — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uremic Poison — How long: 8 days

Immediate: Uraemic Convulsion — How long: 36 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BOREAU ASSOC

Name in Full: Mollie E Hastings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: July; Day: 21; 1904

Age: Years: 1; Months: 7; Days:

Sex: Female

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Enoch Hastings

Father's Birthplace: Md

Mother's Maiden Name: Lutta Lewis

Mother's Birthplace: Md

Name of person giving In formation: Lotta Hastings 105

How related to deceased: Mother

CAUSES OF DEATH

Primary: Enteritis

How long: One or Two weeks

Immediate: Heart failure

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. M. Clemons M.D.

Address: Salisbury Md

PHYSICIAN OR CORONER

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Francis Dryden Horsemis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jeterville — County: Wicomico,

Date of death: Month: July — Day: 19 — 1904

Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Nanticoke

Occupation — Where Residing if not at place of death: "

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Will Horsemis — Father's Birthplace: Nanticoke

Mother's Maiden Name: Virginia Nevisick — Mother's Birthplace: Drewall

Name of person giving Information — How related to deceased

CAUSES OF DEATH

Primary — How long

Immediate: Gastric Trouble — How long: 11 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Bay. M.D.

Address: Jeterville Md.

Accident or Suicide?

LIBRARY BUREAU A53016

Name in Full: Francis Dryden Horsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death	Month	Day	Years	Months	Days
1904	July	19	Age		

Sex: Male — Color or Race: White — Birthplace: Nanticoke

Occupation: — Where Residing if not at place of death: "

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Will Horsey — Father's Birthplace: Nanticoke

Mother's Maiden Name: Virginia Messick — Mother's Birthplace: Delaware

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(104)

Primary: — How long:

Immediate: Gastric Trouble. — How long: 11 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J H O Dayson M D

Address: Ellicott City Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83316

Name in Full: Benjamin Horsey Colcl.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): near Salisbury — (County): Wicomico

Date of death: 1904 — Month: July — Day: 13 — Age: Years 62 — Months — Days

Sex: Male — Color or Race: Negro — Birthplace: Maryland

Occupation: Laborer — Where Residing if not at place of death: at home

Married, Single or Widowed — Name of Wife or Husband

Father's Name: George Horry — Father's Birthplace: Md.

Mother's Maiden Name: [illegible] Horsey — Mother's Birthplace: Md.

Name of person giving Information: Thomas M. Handy — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: He had no Doctor to see him — How long: about 2 years

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Geo. E. Hill — Undertaker

Address: Salisbury Md.

Accident or Suicide?

LIBRARY NUBLAJ A66516

Name in Full: Ephraim Hall

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mardela — County: Wicomico

Date of death: 1904 — Month: July — Day: 30th — Age: Years 76 — Months 11 — Days 12

Sex: Male — Color or Race: Black — Birthplace: Wicomico

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Eliza Deashield

Father's Name: Sumnerset Hall — Father's Birthplace: Wicomico

Mother's Maiden Name: Mary Austin — Mother's Birthplace: Wicomico

Name of person giving Information: James & Robt Hall — How related to deceased: Sons

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 120 — How long:

Immediate: Kidney Trouble — How long: 9 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A L Seahrone

Address: Mardela Md

Accident or Suicide?

LIBRARY BUREAU A63316

Name in Full: Mildred T Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: July — Day: 23

Age — Years: 17 — Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Salisbury, Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John S Jones — Father's Birthplace: Md

Mother's Maiden Name: Susa A Ballard — Mother's Birthplace: Md

Name of person giving information: John S Jones — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis — How long: all Life

Immediate: Exhaustion — How long: about 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Georgie E. Killiam

Town

County

Died at MARYLAND

Date 1904 Month July Day 10 | Age Y. 21 M. — D. 6 | Native of Md. | Occupation ~~~

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name

Mother's Maiden Name Hetty Killiam

Cause of Death — Primary

Immediate

How long sick

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Accident, Suicide, Homicide

Reported by Geo. E. Hill Undertaker

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Dr. L. V. Wilson of Mandeleia Springs

Attended her

Lev. C. Hill

Name in Full: Roy I. Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New Hope — County: Micmac

Date of death 190 4 — Month: July — Day: 3 — Age — Years: 8 — Months: 10 — Days:

Sex: male — Color or Race: white — Birthplace:

~~Married~~, Single, ~~Widowed~~ — Occupation:

Name of Wife or Husband:

Father's Name: Steven P. Lewis — Father's Birthplace:

Mother's Maiden Name: Mary A. Lewis — Mother's Birthplace:

Name of person giving information: Steven P Lewis — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 2 months

Immediate: 92 — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: J. Ratliff Harlow under Dr

New Hope Md

Accident or Suicide?

LIBRARY BUREAU A89319

Name in Full: Florence E. Matthews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury — County: Wicomico

Date of death: Month: July — Day: 15 — 1904

Age: Years: 4 — Months: — Days: 23

Sex: Female — Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Charles W Matthews — Father's Birthplace: Md

Mother's Maiden Name: Adda Cannon — Mother's Birthplace:

Name of person giving information: Now Adda Disharoon — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis 105 — How long:

Immediate: Inanition — How long: several weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Morris M.D.

Address: Salisbury Md

Accident or Suicide:

LIBRARY BUREAU A85516

Name in Full: Barthold Meyer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury — County: Wicomico

Date of death: Month: July — Day: 19 — 1904

Age: Years: 64 — Months — Days

Sex: Male

Color or Race: White

Birthplace: Berlin Prussia

Occupation: Musician Teacher

Where Residing if not at place of death: Balto. Md ?

Married, ~~Single or Widowed~~

Name of Wife or Husband: Pauline Meyer

Father's Name: Barthold Meyer

Father's Birthplace: Berlin Prussia

Mother's Maiden Name: — — — —

Mother's Birthplace: — —

Name of person giving In formation: Gen. E. Thurmser

How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know

How long: dont Know

Immediate: Heart Disease

How long: dont Know

Are the name, age, sex, color, date and place correctly given above? Dont Know

Signature of Physician: Geo W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Herbert Mezick

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Quantico — County: Wicomico

Date of death 1904: Month: July — Day: 9th

Age: Years: — Months: 11 — Days:

Sex: Male — Color or Race: White — Birthplace: Near Quantico

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: Susie Mezick

Father's Name: Herbert M. Mezick — Father's Birthplace: Near Quantico

Mother's Maiden Name: Susie Gale — Mother's Birthplace: " "

Name of person giving information: Wm H H Dashiell — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dysentery — How long: 2 weeks

Immediate: — How long:

TO BE ANSWERED BY PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm H H Dashiell

Address: Quantico Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Infant of Henry Mills

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Near Salisbury County: Wicomico

Date of death 1904 Month: July Day: 28 Age — Years: — Months: 5 Days:

Sex: Male Color or Race: White Birthplace: Md

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~: Infant Name of ~~Wife~~ or Husband: —

Father's Name: Henry Mills Father's Birthplace: Md.

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: — How related to deceased: —

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion & Diarrhea How long: 1 Mo.

Immediate: Brain Complications How long: 1 Mo.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Clemens M.D.

Address: Salisbury Md.

Accident or Suicide? —

LIBRARY BUREAU A8S316

Name in Full: James Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fruitland County: Wicomico

Date of death: 1904 July 19

Age: Years 45 Months Days

Sex: Male

Color or Race: Black

Birthplace

Occupation

Where Residing if not at place of death

Married, ~~Single~~ or Widowed

Name of Wife or ~~Husband~~: Martha Cottmon

Father's Name: Geo. W. Morris

Father's Birthplace

Mother's Maiden Name: Trader

Mother's Birthplace

Name of person giving Information: Robert J. Cottmon

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency

How long: Several years

Immediate: Pulmonary oedema

How long: Few minutes

Are the name, age, sex, color, date and place correctly given above? To first as I know

Signature of Physician: J. M. C. Dick

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Infant of William Pope

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fruitland — County: Wicomico

Date of death: Month: July — Day: 16 — Year: 1904

Age: 3 Months — Days

Sex

Color or Race

Birth-Place

Occupation

Where Residing if not at place of death: not required Md.

Married, Single or Widowed

Name of Wife or Husband

Father's Name: William Pope — Father's Birthplace: Md

Mother's Maiden Name: Unknown — Mother's Birthplace

Name of person giving In formation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Enteritis~~ Entero Colitis — How long: Week

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A33016

Name in Full: Levin W Purnell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Salisbury — County: Wicomico

Date of death 1904: Month: July — Day: 13th — Age: Years: 5 — Months: 8 — Days: 23

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married — Name of Wife or ~~Husband~~: Sophia A Purnell

Father's Name: George Purnell — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Sophia A. Purnell — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Died Suddenly, had been an invalid for sometime — How long:

Immediate: Cause unknown — How long:

Are the name, age, sex, color, date and place correctly given above?

Signeture of Physician: F. M. Clemons M. D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: William G Purcell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: July — Day: 23 — Age: Years: — Months: 7 — Days: 18

Sex: Male — Color or Race: White — Birthplace: Salisbury Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: William H Purcell — Father's Birthplace: Md

Mother's Maiden Name: Mary Fields — Mother's Birthplace: Md

Name of person giving Information: William H Purcell — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mastoiditis — How long: Sick to be about 5 months

Immediate: Exhaustion — How long: Few days

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: [illegible]

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Russel Quillen

CERTIFICATE OF DEATH

MARYLAND

Died at: near Pittsville — Town: Pittsville — County: Wicomico

Date of death 1904: Month: July — Day: 10

Age: Years: 11 — Months: 10 — Days:

Sex: male — Color or Race: white — Birthplace: near Pittsville

Married, Single or ~~Widowed~~ — Occupation:

Name of Wife or Husband:

Father's Name: William Quillen — Father's Birthplace:

Mother's Maiden Name: Eliza J Quillen — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cobra and Fraxtorn — How long: 1 week

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: J Ratliff Trarlor undertaker
New Hope Md

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Franklin Phillips Scheiber

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 200 Church St. Salisbury — County: Wicomico

Date of death	Month	Day	Age: Years	Months	Days
1904	July	23		5 mos	24

Sex: boy — Color or Race: White — Birthplace: Salisbury

Occupation: — Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife or Husband~~:

Father's Name: Frank P. Scheiber — Father's Birthplace: Crestline Ohio

Mother's Maiden Name: Alberta Hammer Phillips — Mother's Birthplace: Salisbury Md.

Name of person giving information: Father — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion — How long: 1 month

Immediate: Inanition — How long: 1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Clemons

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Chas Albert Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hebron — County: Wicomico

Date of death 1904 — Month: July — Day: 28 — Age: Years: — Months: — Days: 15

Sex: Male — Color or Race: White — Birthplace: Hebron

Occupation: — Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~ — Name of ~~Wife or Husband~~:

Father's Name: Charles Albert Smith — Father's Birthplace: Loretto Md

Mother's Maiden Name: Annie Louise Wheatley — Mother's Birthplace: Fruitland

Name of person giving information: Chas. A. Smith — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Obstruction — How long: 10 d

Immediate: Peritonitis — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Oliver J. Gray M.D.

Address: Hebron Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full — Certificate of Death

Luther Smith

Died at Town: Shipps Point — County: Wicomico — MARYLAND

Date 1904 Month: July Day | Age Y. 80 M. D. | Native of Wicomico | Occupation Fisherman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Four

~~Wife~~ Husband of

Father's Name [illegible] 79 Mother's Maiden Name ———

Cause of Death: Primary — Mitral regurgitation — How long sick 1 year

Immediate — Arteriosclerosis — ~~Accident, Suicide, Homicide~~

Reported by J. M. Gaddis

Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Alice Smelling

Certificate of Death

Died at Town: Eden County: Wicomico Co. MARYLAND

Date 1904 Month: July Day: 9 | Age Y. 2 M. 10 D. | Native of Somerset Co. Md. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children living~~

Husband of

Wife

Father's Name Asbury Smelling

Mother's Maiden Name

Cause of Death: Primary

Immediate

How long sick

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Accident, Suicide, Homicide

Reported by Geo. C. Hill Undertaker

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Dr. F. I. T. Long (of Allen)
attended the child
Geo. E. Hill

Name in Full: Alice Smelling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edin County: Wicomico Co.

Date of death: Month: July Day: 4 Year: 1904

Age: Years: 2 Months: 10 Days:

Sex: Female Color or Race: White Birthplace: Somerset Co.

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Asbury Smelling. Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. A. Hill

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Edward Boyd Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Whayland — County: Wicomico

Date of death: Month: 7 — Day: 16 — Years: 1 — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

~~Married, Single or Widowed~~ — ~~Name of Wife or Husband~~

Father's Name: Edward Taylor — Father's Birthplace: Md

Mother's Maiden Name: Edith Townsend — Mother's Birthplace: Md

Name of person giving Information: Edwd Taylor — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bilious Dysentery — How long: 3 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J S Todd

Address: Hunt Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88018

Name in Full: Margret Waller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mardela; County: Wicomico

Date of death: Month: 7; Day: 1; 1904

Age: Years: 83; Months; Days

Sex: Female

Color or Race: Black

Birthplace: Md

Occupation: House wife

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed

~~Name of Wife or~~ Husband: Handy Waller

Father's Name: Litten Aira

Father's Birthplace: Md

Mother's Maiden Name: Lula Aira

Mother's Birthplace: Md

Name of person giving Information: Linn Waller 154

How related to deceased: Son

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: General debility — How long

Immediate: Crank of Stomach — How long: 1 Hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A J Seabrease

Address: Mardela Springs Md

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full Annie Marie Watson

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1904 Month July Day 9

Age Y. — M. 7 D. —

Native of Salisbury Md.

Occupation ———

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband / Wife of ———

Father's Name John Watson

Mother's Maiden Name Alice Kelly

Cause of Death:

- Primary (the child was teething)
- Immediate No Doctor

How long sick about 2 Weeks

Accident, Suicide, Homicide

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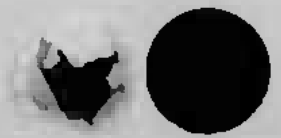
Reported by Geo. C. Hill Undertaker

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79891



Name in Full: Ethel Webster

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Salisbury (Town) Wicomico (County)

Date of death 1904 July 4

Age: Years 3 Months 9 Days

Sex: Female

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: George Webster

Father's Birthplace: Md

Mother's Maiden Name: Maggie Davis

Mother's Birthplace: Md

Name of person giving Information: Geo. Webster

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis

How long: Several days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Clemons

Address: Salisbury, Md

Accident or Suicide?

LIBRARY BUREAU ASSOC'S

Name in Full: Frank A White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury — County: Wicomico

Date of death: Month: July — Day: 31 — Year: 1904 — Age: Years: — Months: — Days: 8

Sex: male — Color or Race: Black — Birthplace: Salisbury Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Frank A White — Father's Birthplace: Va

Mother's Maiden Name: Mary E Rider — Mother's Birthplace: Md

Name of person giving information: Mary E White — How related to deceased: Md

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Had no Doctor — How long:

Immediate: Spasms — How long: all his life

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D C Holloway & Co

Address: Salisbury Md

Undertakers

Accident or Suicide? no

LIBRARY BUREAU A66816

Name In Full

Lillian Winslow

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1904 Month July Day 13 | Age Y. 20 M. D. | Native of Md | Occupation Servant

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary — Sepsis

Immediate — Heart failure

How long sick 4 & 8 hrs

Accident, Suicide, Homicide

Reported by Louis W. Morris M.D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79695